2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90456 009 ****61.25

DOCUMENT # 746257

1. Entity Name
LIDO TOWERS OWNERS ASSOCIATION, INC.

60031868

Principal Place of Business	Mailing Address
1001 BENJAMIN FRANKLIN DR. SARASOTA, FL 34236	1001 BENJAMIN FRANKLIN DR. SARASOTA, FL 34236

01152006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2013730 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOBECK, DANIEL L LOBECK, HANSON, & WELLS 2033 MAIN ST., STE 403 SARASOTA, FL 34237	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MISISCHIA, KATHLEEN 2404 RIIVENDALE DR NEW LENOX, IL 60451	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Dolcemi, Camille 525 Ocean Ave. #503 Long Branch, NJ. 07740	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD THORNTON, FRED 3432 HARDWOOD FOREST DR. LOUISVILLE, KY 40214	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hurst, Marilyn 1001 Ben Franklin - unit 213 Sarasota, FL. 34236	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KING, ANTHONY 1001 BEN FRANKLIN DR #204 SARASOTA, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/TD King, Anthony 1001 Ben Franklin #204 Sarasota, FL. 34236	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALLIDAY, MICHAEL 34 HOLIDAY POINT ROAD SHERMAN, CT 06784	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hutchinson, Philip Long Barn, Letcombe Regis Wantage, Oxfordshire England OX129SD	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TAZAR, PAUL 4037 S. LAKE COURT SHELBY TWP., MI 48316	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLOPPENBURG, BERNHARD 9421 PEBBLE GLEN AVENUE TAMPA, FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ MICHAEL HALLIDAY _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #